

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000102747

**FILED**  
**Oct 12, 2006**  
**Secretary of State**

**Entity Name:** VERA C. ASTER LLC

**Current Principal Place of Business:**

1890 S. OCEAN DR.  
#202E  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1890 S. OCEAN DR.  
#202E  
HALLANDALE, FL 33009 US

**New Mailing Address:**

**FEI Number:** 26-0127696      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ASTER, VERA C  
1890 S. OCEAN DR.  
#202E  
HALLANDALE, FL 33009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VERA ASTER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ASTER, VERA C  
Address: 1890 S. OCEAN DR. #202E  
City-St-Zip: HALLANDALE, FL 33009 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VERA ASTER

\_\_\_\_\_  
MANA

\_\_\_\_\_  
10/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date